PTO/SB/17 (12-04) JAN 3 0 2000 Approved for use through 07/31/2005. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 09/898,439 ANSMIT Filing Date 7/5/2001 For FY 2005 First Named Inventor Tue Nauven **Examiner Name** Quoc Dinh Hoang Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2818 (\$) 680.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. TEGL-01165US0 METHOD OF PAYMENT (check all that apply) Check | Credit Card L Money Order None Other (please identify); ✓ Deposit Account Deposit Account Name: 23910 - Fliesler Meyer LLP Deposit Account Number:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(\$) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fee (\$) **Application Type** Fee: (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 100 250 130 Design 200 100 100 50 65 160 Plant 200 100 300 80 150 600 Reissne 300 150 500 300 250 200 0 Provisional 100 Û 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (3) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Total Claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Fee (\$) 34 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 60 or fraction thereof Extra Sheets Fee Paid (\$) - 100 = _ (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: RCE fee ! \$395.00; remaining extension fee \$285.00 SUBMITTED BY Registration No. Telephone 415.362.<u>3800</u> 27.660 (Altomey/Agent)

Signature Date Name (Print/Type) Sheldon R. Meyer 1/30/2006

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<u> </u>				Application Number	09/89		
TRANSMITTAL			Filing Date	7/5/2001			
FORM				First Named Inventor	Tue Nguyen		
I				Art Unit	2818		
			GE1	Examiner Name	Quoc Dinh Hoang		
(to be used for all correspondence after initial filing)		4	Altomey Docket Number	TEGL-01165US0			
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ENCLOSURES (Check all that apply)							
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Flie	sler Meyer LLP Customer No. 23910					
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PAGE 1/4* RCVD AT 1/30/2006 2:51:32 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/29* DNIS:2738300* CSID:415 362 2928* DURATION (mm-ss):01-48